



AHCCCS is
Arizona's
Medical
Assistance
Program
(Medicaid)

Referral for Veteran's Benefits



Customer:	AHCCCS ID:	ACN #:
	Date:	
	Eligibility Specialist:	
	Phone:	
	Fax:	

Referral Information

To qualify for AHCCCS Health Insurance, a person who may be eligible for Veterans Benefits must apply for those benefits. We have determined that you may be eligible for Veterans Benefits. When applying for benefits, take this notice to the VA and ask the person who accepts your application to complete the bottom portion and return it to the address shown above no later than _____.

**IF YOU DO NOT APPLY FOR VETERANS BENEFITS, WE WILL
DENY YOUR APPLICATION OR STOP YOUR ONGOING AHCCCS HEALTH INSURANCE**

Veteran's Name:	SSN:	Date of Birth:
Applicant resides in a Nursing Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicant requesting augmented payments? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant is: <input type="checkbox"/> Unmarried Total income: _____ <input type="checkbox"/> Married Total income of applicant and spouse _____		
REMINDER: You may be required to provide the information listed below:		
<ul style="list-style-type: none">• Proof of Marriage• Proof of checking or savings accounts	<ul style="list-style-type: none">• Military papers• Proof of disability	<ul style="list-style-type: none">• Social Security award letter
Questions to VA from the Eligibility Specialist: _____ _____		

VA Response Section

The sections below are to be completed by the VA Representative. Please check the appropriate boxes, sign, date and return to the address listed at the top of this letter, by the date shown above.

- ☐ This is to verify that the person named at the top of this letter applied for Veterans Benefits on _____.
- ☐ This is to verify that the person named at the top of this letter receives the maximum VA benefits for which the person is entitled.

Reason for Ineligibility

If the person named above is ineligible for Veterans Benefits, please check the box below that indicates the reason for denial:

- ☐ Applicant is a Veteran who states he is not disabled.
- ☐ Applicant is a Veteran who is not totally disabled.
- ☐ Applicant is a Veteran who did not have wartime service.
- ☐ Applicant is the survivor of a Veteran who did not have wartime service.
- ☐ Applicant is the dependent of a living Veteran who does not receive Veterans Benefits.
- ☐ Other: _____

Does the veteran own GI Life Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Policy #: _____ Face Value: _____ Cash Value: _____			
Agency Representative's Signature	Title	Phone Number	Date